

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

/

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		3				
5		0				
6		0				
7		0				
8		0				
9	1					
10		1				
11	1					
12		1				
13		1				
14		1				
15		5				
16						
17	1					
18		1				
19		2				
20		2				
21	1					
22		1				
23			1			
24				1		
25				1		
26				1		
27				1		
28				1		
29				1		
30				1		
31			1			
32				1		
33			1			
34				1		
35				1		
36				1		
37				1		
38				1		
39			1			
40				1		
41				1		
42				1		
43			1			
44				1		
45				1		
46				1		
47				1		
48				1		
49				1		
50				1		
TOTAL IND.			5			
TOTAL DEP.			17			
TOTAL CLAIMS			22			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55						
56						
57						
58						
59						
60						
61						
62						
63						
64						
65						
66						
67						
68						
69						
70						
71						
72						
73						
74						
75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						